Rev. 06/2006

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

To Be Filed By:

LOBBYISTS (Sec. 67-6619) Page 1 of 2 Page(s)
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CORCIANTY OF STATE STATE OF IDAMO

| | | oe or print clea instructions at | | | | | | | | | | | | | | |
|---|--|-------------------------------------|-----|------------------------------------|----|--|-------|--|---|----------------|------|----------------|----------------|------|------------|--|
| Lobbyist's name and permanent business address | | | | | | | | Date prepared | | | | Period covered | | | | |
| Erik Simpson | | | | | | | | | | | | month ending | | | | |
| 6117 N. 5th W. | | | | | | | | 2/8/08 | | | | () (*) | \ | Day) | (V=) | |
| Idaho Fails, ID 83401 | | | | | | | | 2/0/00 | | , | (Mo. | | 1 | Ì | (Yr.) | |
| | | | | | | | | | | | | | ` | 31 | 08 | |
| Item 1 | Totals | of all reporta | ble | expenditures made o | | | | | | | | | | | усг. | |
| Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported | | | | *Total Amount for All Employers | | Proportionate amount Item 3, at bottom of | | | ts contributed by each employer (Identify employers, under page.) | | | | | ••• | | |
| | | | | | | Employer No. 1 | | | Employer No. 2 | Employer No. 3 | | 3 | Employer No. 4 | | | |
| Entertainment Food and Refreshment | | | | 0.00 | \$ | | | \$ | | s | | | \$ | | | |
| Living. | Living Accommodations | | | 0.00 | | | | | | | | | | | | |
| Advert | ising | | ' | 0.00 | | | | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| Travel | • | | | 0.00 | - | | | - | | | | | | | | |
| Telephone | | | | 0.00 | _ | | | - | | | | | | | | |
| Other Expenses or Services | | | | 0.00 | - | | | - | | - | | | | | | |
| | | Total | s | 0.00 | s | 0 | .00 | s | 0.00 | s | 0 | .00 | \$ | | 0.00 | |
| *When Item | | | | e reporting for require | | | | | | | | | | | on Page 1. | |
| 2 | a | | | | | | moun | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | Continued on a | ttached page(s) | | | | | | | | | | | | | | |
| INSTRUCTIONS | | | | | | | It | em 3 | Employer(s) Name(s) and Address(es) | | | | | | | |
| Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code | | | | | | | | No. 1 Vision Energy and Environment, LLC 6117 N. 5th W. Idaho Falls, ID 83401 | | | | | | | | |
| | Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month. | | | | | | | | No. 2 | | | | | | | |
| TO BE FILED WITH: Ben Ysursa Secretary of State | | | | | | | | No. 3 | | | | | | | | |
| PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282 | | | | | | | No. 4 | | | | | | | | | |

| Item 4 | pers | onal prop | roperty to any Legislator, Public or Executive Of | | | employer in the nature of contributions of money or other tangible or intangible official or for or on behalf of any Legislator, Public or Executive Official. | | | | | | |
|-----------|----------------|--|---|--|----------------|---|------------------------|-----------------------|--|--|--|--|
| | Subjet or He L | onal proposite outer matter on one Bill, lobbyist w Bill, Re | Amount 0.00 | lator, Public or Executive C Na Na ion, the number of the Senate legislative activity in which | Official me of | LEGISLATIVE SUI Subject Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal | ator, Pui ficial Re | ceiving or Benefiting | | | | |
| 6 | oid or b | | s, financial services | sion, procurement, contract, s or bond lobbyist was | 15 16 C | Government, municipal Government, special districts Government, state ERTIFICATION: I hereby certificate statement in accordance we obbyist signature | that th | | | | | |